Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Fill in this information to identify your car	Se:	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (# known):	Chapter you are filing under: Chapter 7 Chapter 11	
	Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Partial Identify Yourself

0.000		About Debtor 1:	
_	Your full name	About Debics 1.	About Debtor 2 (Spouse Only in a Joint Case):
7.		A.	
	Write the name that is on your government-issued picture	Etonia	
	identification (for example,	First name	First name
	your driver's license or	Rockim	
	passport).	Middle name	Middle name
	Bring your picture	Carter	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Etonia	distribution de la description de la commencia de la commencia de la commencia de la commencia de la commencia La commencia de la commencia d
	have used in the last 8	First name	First name U// A
	years	Poolim	: : : : : : : : : : : : : : : : : : :
	Include your married or	Middle name	Middle name
	maiden names.	Carter	TEAN ES AL
		Last name	Middle name Middle name Last na
		First name	First name PS ALLS TO 15 TO 187
		Middle name	Middle name
		Last name	Last name
3	Only the last 4 digits of		
٠.	your Social Security	$xxx - xx - \underline{1} \underline{2} \underline{8} \underline{3}$	xxx - xx -
	number or federal	OR (A)	OR
	Individual Taxpayer	9 xx - xx -	Q
Dýto codego	Identification number (ITIN)		9 xx - xx

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 2 of 65

Ε	Debtor 1		ROCKIM	Carter			Case	number (# known)
		First Name N	iddie Name	Last Name				
19959	policy polocy activities	Oktober vitale kar-kolojeko populari				erinetykytetetykytetykytetyk		
:			Ab	out Debtor 1:				About Debtor 2 (Spouse Only in a Joint Case):
4	and Em	ation Number	rs W	I have not used any bu	ısiness names or	EINs.		☐ I have not used any business names or EINs.
	(EIN) yo the last	u have used i 8 vears		siness name		·	ing Triging	
		ade names and	bus	iress rame				Business name
:		siness as names	Bus	iness name				Business name
								_
			EIN				į	in
			EIN] } }	=
	a de la companya del companya de la companya del companya de la co		CIIV				1	±lN
5.	Where y	ou live	and the second s	perketat eratus in des anticestatus pertendum in entre percendum pertendum per	ing nguyan n	er på killer og krægelig og skæterid for egterer er er er	en rezeroa	f Debtor 2 lives at a different address:
			400	000.				
			Num	05 Barberry Way nber Street	······································		ī	Number Street
						:		
			er			-	- -	
			Jol City		IL State	60431 ZIP Code	7	ity State ZIP Code
			•	ndall	State	ZIF Code		State Zir Gode
			Cour				7	county
			abo	our mailing address is we, fill it in here. Note notices to you at this m	that the court wil	he one I send	У	f Debtor 2's mailing address is different from ours, fill it in here. Note that the court will send ny notices to this mailing address.
			Num	aber Street			N	umber Street
			P.O.	Вох	<u></u>	<u></u> ;	P	.O. Box
			City	<u> </u>	State	ZIP Code	<u> </u>	ity State ZIP Code
6.		are choosing	j Che	ck one:	,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的	the electrical particular in the constraint was a second or second	C	авламинистичному не не сечене не почене не почене почене почене почене почене почене почене почене почене почене heck one:
	this distr bankrupt	ict to file for icy	į	Over the last 180 days to have lived in this district.	before filing this p ct longer than in a	etition, any		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			ı 🗖 ()	have another reason. I See 28 U.S.C. § 1408.)	Explain.)			I have another reason. Explain. (See 28 U.S.C. § 1408.)
			-		· · · · · · · · · · · · · · · · · · ·		1.	
			-	ATTOMATON AS -16.				
				**************************************			II.	
							46.0	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 3 of 65

Debtor 1 Etonia Rockim Carter Case number (# known) Case number (# known)

	The chapter of the Bankruptcy Code you	Check of for Bank	one. (For a brief de kruptcy (Form 201	escription of each, s 0)). Also, go to the	ee <i>Not</i> i top of p	ice <i>Required by 11</i> age 1 and check t	l U.S.C. § 342(b) for Individuals Filing he appropriate box.
	are choosing to file under	☑ Cha	pter 7				
		Cha	pter 11				
		Cha	pter 12				
		☐ Cha	pter 13				
8.	How you will pay the fee	loca your subr with	I court for more rself, you may pa mitting your payl a pre-printed ac	details about hov ay with cash, cas ment on your beh ddress.	v you r hier's d alf, yo	nay pay. Typical check, or money ur attorney may	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check
							otion, sign and attach the onts (Official Form 103A).
		жрр	neation for mary	iddais to Fay The	rmny	ree in mstainne	ons (Official Form 103A).
,		By la less pay	aw, a judge may than 150% of th the fee in install	, but is not requir ne official poverty ments). If you cho	ed to, line the	waive your fee, a at applies to you nis option, you m	tion only if you are filing for Chapter of and may do so only if your income is ar family size and you are unable to sust fill out the <i>Application to Have th</i> with your petition.
	Have you filed for	₩ No					The state of the s
	bankruptcy within the last 8 years?	🔲 Yes.	District		_ When		Case number
		☐ Yes.	<u></u>	· · · · · · · · · · · · · · · · · · ·	-	MM / DD / YYYY	
		☐ Yes.	District		_ When _ When	MM / DD / YYYY	Case number
		☐ Yes.	<u></u>		-	MM / DD / YYYY	
		Yes.	District		When	MM / DD / YYYY	Case number
).	last 8 years? Are any bankruptcy	☐ Yes.	District		When	MM / DD / YYYY	Case number
Ο.	Are any bankruptcy cases pending or being filed by a spouse who is	· · · · · · · · · · · · · · · · · · ·	District		When	MM / DD / YYYY	Case number
Э.	Are any bankruptcy cases pending or being	5 2 1 No	District		When	MM / DD / YYYY	Case number
3.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	5 2 1 No	District District Debtor District		When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number
D.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	5 2 1 No	District District Debtor District		When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you
3.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	5 2 1 No	District District Debtor District		When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known
1.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☑ No □ Yes. □ No.	District Debtor District Debtor District Debtor Oistrict Debtor District		When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you
	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No □ Yes. □ No.	District Debtor District Debtor District Go to line 12. Has your landlord	d obtained an evicti	When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you Case number, if known

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 4 of 65

				Document	Page 4 of 65
Debtor	r 1 Etonia	Rocki Middle Nam		Carter Last Name	Case number (# known)
Part	39 Report Abo	ut Any E	usines	ses You Own as a Sole	Proprietor
	re you a sole pro		☑ No.	Go to Part 4.	
	f any full- or part usiness?	-ome	☐ Yes	. Name and location of busin	ness
	sole proprietorship i				
ind	isiness you operate dividual, and is not a sparate legal entity s	3		Name of business, if any	
a	corporation, partners			Number Street	
lf y	you have more than				
	ie proprietorship, us parate sheet and at			ATTOMATICAL STATE OF THE STATE	
to	this petition.			City	State ZIP Code
				Check the appropriate box t	•
					as defined in 11 U.S.C. § 101(27A))
					e (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined	· · · · · · · · · · · · · · · · · · ·
				None of the above	defined in 11 U.S.C. § 101(6))
Ch Ba are de For bus	re you filing under napter 11 of the ankruptcy Code as e you a small bust bttor? r a definition of small siness debtor, see U.S.C. § 101(51D).	and s <i>in</i> ess	most reany of the No.	appropriate deadlines. If you cent balance sheet, statemen nese documents do not exist, I am not filing under Chapter I am filing under Chapter 11, the Bankruptcy Code. I am filing under Chapter 11	e court must know whether you are a small business debtor so that it indicate that you are a small business debtor, you must attach your not of operations, cash-flow statement, and federal income tax return or if follow the procedure in 11 U.S.C. § 1116(1)(B). If 11. In but I am NOT a small business debtor according to the definition in and I am a small business debtor according to the definition in the
Part 4	4: Report if Yo	u Own o	r Have	Bankruptcy Code. Any Hazardous Property	y or Any Property That Needs Immediate Attention
	you own or have		☑ No		
alle of i ide	eged to pose a the imminent and entifiable hazard	reat to	☐ Yes.	What is the hazard?	
Or pro	blic health or saf do you own any operty that needs mediate attentior	, ;		If immediate attention is need	eded, why is it needed?
pen that	example, do you ov ishable goods, or liv t must be fed, or a b t needs urgent repai	estock uilding			
				Where is the property?	mber Street

City

ZIP Code

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 5 of 65

Debtor 1

Etonia

Rockim

Carter

Case number (# known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

		D		

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

L	I am not required to receive a briefing a	ibodi
	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

I am not required to receive a briefing about
credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Entered 12/10/15 13:52:53 Case 15-41715 Doc 1 Filed 12/10/15 Desc Main Page 6 of 65 Document

Debtor 1

Etonia Rockim Carter Case number (# kn **Answer These Questions for Reporting Purposes** Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? 2 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after any exempt property is administrative expenses are paid that funds will be available to distribute to unsecured creditors? excluded and ₩ No administrative expenses Yes are paid that funds will be available for distribution to unsecured creditors? **4** 1-49 18. How many creditors do 1,000-5,000 25,001-50,000 you estimate that you 50-99 5,001-10,000 50,001-100,000 owe? 100-199 10,001-25,000 ☐ More than 100,000 200-999 19. How much do you 2 \$0-\$50.000 □ \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your assets to \$50,001-\$100,000 \$10,000,001-\$50 million ■ \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion 20. How much do you \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your liabilities \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion to be? **2** \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million ☐ More than \$50 billion Рап 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152,

Signature of Debtor

1341, 1519, A

Signature of Debtor 2

MM / DD /YYYY

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 7 of 65

	Etonia First Name	Rockit Middle Nam		Case number (#known)	
For your at represented If you are n	torney, if yo I by one ot represer	ou are	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 1 available under each chapter for which the the notice required by 11 U.S.C. § 342(b) knowledge after an inquiry that the information	n this petition, declare that I have in 13 of title 11, United States Code, a the person is eligible. I also certify to b) and, in a case in which § 707(b)(4	formed the debtor(s) about eligibility nd have explained the relief that I have delivered to the debtor(s 4)(D) applies, certify that I have no
y an attorr need to file	ney, you do this page.	not	×	Date	
			Signature of Attorney for Debtor	Date	MM / DD /YYYY
			Printed name	THE REPORT OF THE PARTY OF THE	
			Firm name		
			Number Street		
			City	State	ZIP Code
			Contact phone	Email address	
			Bar number	State	-

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 8 of 65 Etonia Rockim Carter Debtor 1 Case number (#kr First Name For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No No Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No. 2 Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? MO No - D Yes. Name of Person_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of Debtor

(630) 615-8193

(630) 615-8193

Email address etonia7@gmail.com

Date

Contact phone

Cell phone

Signature of Debtor 2

Contact phone

Email address

Cell phone

MM / DD / YYYY

Date

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 9 of 65

Debtor 1	Etonia	Rockim	Carter	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if fili	ng) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court f	or the: Northern District of	Illinois	
Case numb	er			
	(if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B 1b. Copy line 62, Total personal property, from Schedule A/B..... 1c. Copy line 63, Total of all property on Schedule A/B Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D............. 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 183,638.54 183,638.54 Your total liabilities Part 3: **Summarize Your Income and Expenses** 4. Schedule I: Your Income (Official Form 106I) 4,126.26 Copy your combined monthly income from line 12 of Schedule I 5. Schedule J: Your Expenses (Official Form 106J) 5,722.00 Copy your monthly expenses from line 22c of Schedule J

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 10 of 65

Debtor 1

Etonia First Name

Carter Last Name Rockim Middle Name

Case number (#known)_

	arter Answer These Questions for Administrative and Statistical Records	\$	
6	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	☐ No. You have nothing to report on this part of the form. Check this box and submit this f☐ Yes	form to the court with your other	schedules.
7.	What kind of debt do you have?	a proposition in the second contract of the second contract of the second contract of the second contract of t	interpretation of military in distribution of the second o
	Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a perso oses. 28 U.S.C. § 159.	nal,
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	t of the form. Check this box an	d submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official	\$5,777.77
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following:	Total claim	n en Changella i manna manna a na en an anghaillean a lanna la na an an an an an an a
		e 0.00	
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$43,204.00	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	
	9g. Total. Add lines 9a through 9f.	\$ 43,204.00	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 11 of 65

Debtor 1	Etonia	Rockim	Carter	
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse, if filing) First Name	Middle Name	Last Name	
	,	Middle Name or the: Northern District of		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

art 1:	Describe Each Residence, Building,	Land, or Other Real Estate You Own or Ha	ve an interest in	
. Do yo	u own or have any legal or equitable intere	st in any residence, building, land, or similar prop	erty?	
	o. Go to Part 2.			
Q Ye	es. Where is the property?			
1.1.	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured of the amount of any secure Creditors Who Have Clair	d claims on Schedule D ns Secured by Property
		☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		a carrier, it intotti
	County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	, , , , , , , , , , , , , , , , , , , ,
lf you	own or have more than one, list here:	Other information you wish to add about this it property identification number:	em, such as local	
1.2.	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D.
	,	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as feet the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
	County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is con (see instructions)	mmunity property
		Other information you wish to add about this ite property identification number:	m, such as local	

What is the property? Check all that apply Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land Investment property Describe the nature of your ownership City ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No No Yes Buick Who has an interest in the property? Check one. 3.1 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D Rendevoius Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only 2002 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 188000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 977.00 488.50 Check if this is community property (see Owned w/spouse. Kelly Blue Book instructions) value listed if you own or have more than one, describe here: Ford Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put **Focus** Debtor 1 only the amount of any secured claims on Schedule D. Model: Creditors Who Have Claims Secured by Property Debtor 2 only 2003 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 160000 entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: 1,000.00 0.00 Check if this is community property (see Title only.Owned and possessed instructions) by daughter, not running at time

Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Docarrent Page 12 of 65 umber (# known)

Doc 1

Debtor 1

Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Case 15-41715 Doc 1 Etonia Document Page 13 Ofa 65 tember (Flancown) Debtor 1 Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories MO No Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see

instructions)

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Etonia Rockim Do Garrent Page 14 of 65 umber (# known)

Debtor 1

Part 3: **Describe Your Personal and Household Items**

Do you own or have a	ny legal or equitable interest in any of the following items?	portion y	et secured claims
6. Household goods a	e in die die gebeurg de de begand dat de partie de die de de gebouwe. Die gebouwe de de de die gebouwe de de g Die fannischiere	or exemple	
-	oliances, furniture, linens, china, kitchenware		
No No	mances, tarmate, mens, china, nichenware		
Yes. Describe	6 beds, 2 used couches, 1 usedloveseat, 1 desk, used kitchen table and chairs	\$	800.00
7. Electronics Examples: Television collection No	ns and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music s; electronic devices including cell phones, cameras, media players, games		
	3 box televisions, 1 radio, 1 tablet, 1 cell phone	\$	100.00
8. Collectibles of value			
Examples: Antiques a stamp, co ☑ No	and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles	,	
Yes, Describe	į į	\$	
 Equipment for sport Examples: Sports, pt and kayat No Yes, Describe 	notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ks; carpentry tools; musical instruments	\$	
10. Firearms Examples: Pistols, riff No Yes. Describe	les, shotguns, ammunition, and related equipment		
		3	
11. Clothes Examples: Everyday □ No □ Yes. Describe	clothes, furs, leather coats, designer wear, shoes, accessories ordinary adult clothing, shoes	\$	200.00
12. Jeweiry Examples: Everyday gold, silve	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r		
Yes. Describe		energe en	150.00
13. Non-farm animals Examples: Dogs, cats	wedding Dailu, Cosiume		
☑ No ☐ Yes. Describe		\$	
14. Any other personal a	and household items you did not already list, including any health aids you did not list		
☑ No			
Yes. Give specific information		\$	
	of all of your entries from Part 3, including any entries for pages you have attached number here	\$	1,250.00
		·	

Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 15 Of 5 umber (# Known)

Part 4:

Describe Your Financial Assets

Do you own or have an	y legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions
16. Cash			
	ı have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your peti	tion
☑ No		Cash	
— 165		Cash:	<u> </u>
17. Deposits of money Examples: Checking, and other s	savings, or other financial accor similar institutions. If you have n	unts; certificates of deposit; shares in credit unions, brokerage rultiple accounts with the same institution, list each.	houses,
□ No			
2 Yes		Institution name:	
	17.1. Checking account:	Chase Checking 3642	, 2.29
	17.2. Checking account:	Chase Checking 9446	s . 48
	17.3. Savings account:	Chase Savings 6153	\$ 303,82
	17.4. Savings account:	Standard Bank Kids Club Savings	s /2.50
	17.5. Certificates of deposit:		S
	17.6. Other financial account:	Chase Student Checking 3816	s 12.14
	17.7. Other financial account:	Chase Student Checking 5168	s 1.20
	17.8. Other financial account:	Capital One Online Checking 9935	s 0.00
	17.9. Other financial account:	Capital One Online Savings 3197	s 40.00
Examples: Bond funds, ☑ No		erage firms, money market accounts	
☐ Yes	Institution or issuer name:		
			<u> </u>
			\$
			Ψ
19. Non-publicly traded s an LLC, partnership, a	tock and interests in incorpor	ated and unincorporated businesses, including an interes	st in
☑ No	Name of entity:	% of owners	hip:
 Yes. Give specific information about 			,% \$
them	***************************************	00/.	% \$
		0%	% \$

Etonia Rockim Carter

Schedule AB

Part 4

Line 17. Additional Deposits of Money

Institution Name:

17.10 Bank of America 6261 \$5.00

Total \$5.00

Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Carter Document Page 17 of 55 umber (# known)

20	Negotiable instruments	porate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. nents are those you cannot transfer to someone by signing or delivering them.	
	☑ No ☐ Yes. Give specific	Issuer name:	
	information about them		_ \$
			- \$
			\$
21.	Retirement or pension Examples: Interests in II	i accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	2 1 №	, , , , , , , , , , , , , , , , , , , ,	•••
	Yes. List each account separately.	Type of account: Institution name:	
		401(k) or similar plan:	\$
		Danis	_
		IRA:	<u> </u>
		Retirement account:	\$
		Keogh;	\$
		Additional account:	\$
		Additional account:	_ \$
	Examples: Agreements v companies, or others	l deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
	□ No		
	☑ Yes	Institution name or individual:	
		Electric:	\$
		Gas:	\$
		Heating oil:	•
		Security deposit on rental unit: Petel Perul	997.50
		Prepaid rent:	*
		Telephone:	4
		Water:	*
		Rented furniture:	9
		Other:	•
			2
	Annuities (A contract for ☑ No	a periodic payment of money to you, either for life or for a number of years)	
	-	Annual Control of the	
,	Yes	Issuer name and description:	
			_ \$
			• \$. \$::
			· •

Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Carte Cument Page 18 Of 65 umber (# Known) 24 Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ₩ No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them. 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☑ No ☐ Yes. Give specific information about them ... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured. claims or exemptions. 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information Federal about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☑ No Yes. Give specific information... Alimony: Maintenance Support: Divorce settlement; Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No Yes. Give specific information.....

Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Case 15-41715 Doc 1 Document Page 19 of 65 tumber (# known) Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance 2 Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... Through Spouse's Job Husband 0.00 AIG Husband/Children 0.00 Cigna (Health; Through Spouse's job) 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Z No Yes. Describe each claim. 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ZI No Q Yes. Describe each claim. 35. Any financial assets you did not already list ☑ No Yes. Give specific information. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 1362. for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned O No Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Yes. Describe.

☐ No

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 20 of 65

Etonia Rockim Carter

Sc	he	du	le	AB

Part 4

Line 31. Interests in Insurance Policies

Company Name:

Beneficiary: Surrender/Refund Value:

______ \$0.00

Case 15- Debtor 1 Etonia First Name	41715 Doc 1 Filed 12/10/15 Entered 12/10/15 Rockim Docarinent Page 21 of 55 tumber (1		
40. Machinery, fixtures, e	equipment, supplies you use in business, and tools of your trade		
Yes. Describe			s
41. Inventory			
Yes. Describe		a a giran (amangan magayar alay ar a sayina balgan (a ang in min	\$
42. Interests in partnersh			
Yes. Describe		% of ownership:	\$
		% %	\$\$
☐ No	g lists, or other compilations		
☐ No	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
Yes. Desc			\$
44. Any business-related	property you did not already list	ng ranggaran terpada terbahan ang atau ang atau terpada terpada terbahan sa	,,, ,
Yes. Give specific information			\$
			\$\$
			\$ \$
45. Add the dollar value o	f all of your entries from Part 5, including any entries for pages you have att		\$
for Part 5. Write that n	umber here	→	\$ 0.00
Part 6: Describe An	ny Farm- and Commercial Fishing-Related Property You Own or Have have an interest in farmland, list it in Part 1.	ve an Interest In	
46. Do you own or have ar 10 No. Go to Part 7. 11 Yes. Go to line 47.	ny legal or equitable interest in any farm- or commercial fishing-related prop	erty?	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47. Farm animals Examples: Livestock, po	ultry, farm-raised fish		
☐ Yes		To the second section of the second section is a second section of the second section	· ·
			Ψ

Doc 1 Filed 12/10/15 EILEIEG 12,100.

Carter Document Page 22 Ota 6.5 umber (# known) 48. Crops-either growing or harvested ☐ No ☐ Yes. Give specific information.... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here .. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ₩ No ☐ Yes. Give specific information 0.00 54 Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 .. 488.50 56. Part 2: Total vehicles, line 5 1,250.00 57. Part 3: Total personal and household items, line 16 1362.43 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 \$ 3100.93 Copy personal property total > + \$ 3100.93 62 Total personal property. Add lines 56 through 61. 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Case 15-41715 Etonia Rockin

Debtor 1

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 23 of 65

o identify your case:	
Rockim	Carter
Middle Name	Lasi Name
	Last Name
ourt for the: Nathern District	of Illinois

	Rockim

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pant 1:	Identify	the	Property	You	Claim	as	Exemp
							

2.	For any proper	ty you list on Schedule A/B ti	hat you claim as exem	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	2002 Buick Rendevous	\$ <u>488.50</u>	□ \$	735 ILCS 5/12-1001(c)
	Line from Schedule A/B:	3.1			
	Brief description:	2003 Ford Focus	\$ <u>0.00</u>	□ \$	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	3.2		√1 100% of fair market value, up to any applicable statutory limit √1. √2 100% of fair market value, up to any applicable statutory limit √2 100% of fair market value, up to any applicable statutory limit √3 100% of fair market value, up to any applicable statutory limit √4 100% of fair market value, up to any applicable statutory limit √4 100% of fair market value, up to any applicable statutory limit √5 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value and the fai	
	Brief description:	Furniture	\$800.00		735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	6		100% of fair market value, up to any applicable statutory limit	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Etonia Rockim Carter Document Page 24 of 65 Case Tumber (# known)

Part 2:

Debtor 1

Additional Page

Brief descripti on Schedule /	ion of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from	3 box TVs, radio, tablet	\$100.00	\$\$ 100% of fair market value, up to	735 ILCS 5/12-1001(b)
Schedule A/B: Brief description: Line from	Ordinary Adult Clothing	\$ 200.00	100% of fair market value, up to	735 ILCS 5/12-1001(a)
Schedule A/B: Brief description: Line from Schedule A/B:	Wedding Band	\$ 150.00	any applicable statutory limit \$	735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B:	Chase Checking 3642	\$ <u>2.29</u>		735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B:	Chase Checking 9446 17.2	s <u>.48</u>	□ \$ ☑ 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B:	Chase Savings 6153	s 303. 82	100% of fair market value, up to	735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B;	Standard Bank Kids Clui	/2.50 \$	\$ \$	735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B:	Chase Savings 3816	<u>\$ 12.14</u>	s 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B:	Chase Student Checking 17.7	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: Line from Schedule A/B:	Insurance(through Spou	\$0.00	□ \$ \$ 100% of fair market value, up to any applicable statutory limit	215 ILCS 5/238
Brief description: Line from Schedule A/B:	AIG 31	\$0.00	Committee of the contract of the contract of the committee of the contract of	215 ILCS 5/238
Brief description: Line from Schedule A/B:	Cigna(Health;hrough spr	\$	\$	735 ILCS 5/12-1001(g)(3)

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Etonia Rockim CarterDocument Page 25 of 65 Page 25 of 65

Debtor 1

Part 2: **Additional Page**

	ion of the property and line A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	State Farm (Renter's Ins	\$0.00		735 ILCS 5/12-1001(b)
Line from Schedule A/B:	31 adc		100% of fair market value, up to any applicable statutory limit	
Brief description:	Renter Security Deposit	\$ 997.50	<u> </u>	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	22		100% of fair market value, up to any applicable statutory limit	
Brief description:	Capital One Checking	95 <u>0.00</u>	,	
Line from Schedule A/B:	17.8		100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:	Capital One Savings 3197	\$40.00	a s	and the state of t
Line from Schedule A/B:	<u>i7.9</u>		100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:	Bank of America 6	261 \$ 5,00	D 3	
Line from Schedule A/B:	<u>17. 1</u> 0		100% of fair market value, up to any applicable statutory limit	735 ILOS 5/12-1001(b)
Brief description:		\$	□s	e ann ann an Aireann an Aireann an Aireann ann an Aireann an Aireann ann an Aireann ann an Aireann ann an Aire
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q s	
Line from Schedule A/B:	Barrier Control		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	-	\$	□ s	
Line from Schedule A/B:	****		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	u s	
Line from Schedule A/B:	·		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ s	and the section of th
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q s	
Line from Schedule A/B:	and the second s		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	D \$	en e en e en
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 26 of 65

Fill in this information to identify your c	ase:	Journal I	ago 20 or 00			
Debtor 1 Etonia Roci	kim	Carter				
	lle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name Miss	le Name	Last Name				
United States Bankruptcy Court for the: Norther	n District of II	linois				
Case number (If known)		***************************************			По	
(II NICOSI)						if this is an ed filing
Official Form 106D						
Schedule D: Credito	rs Who	Have Clai	ms Secur	ed by Pro	perty	12/15
Be as complete and accurate as possibl	e. If two man	ried people are filing to	ogether, both are ed	ually responsible	for supplying correc	t
information. If more space is needed, co additional pages, write your name and c	pv the Addit	ional Page, fill it out, n	umber the entries,	and attach it to this	s form. On the top of	any
Do any creditors have claims secured			fula - Mari I ara in Atr			
No. Check this box and submit this for Yes. Fill in all of the information below	orm to the col w	int with your other sched	lules. You have noth	ng else to report on	this form.	
	•••					
Cari di List Ali Secured Claims						
List all control alaims it a suditar has				Column A	Column B	Column C
 List all secured claims. If a creditor has for each claim. If more than one creditor 	has a particu	lar claim, list the other c	reditors in Part 2	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
As much as possible, list the claims in al	phabetical ord	ler according to the cred	litor's name.	value of collateral.	claim	if any
.1	Describe	the property that secure	e the claim:	€	\$	**************************************
Creditor's Name				7	<u> </u>	Ψ
	_					
Number Street	As of the	date you file, the claim i	ice Chaoir of their coult			
	- Contin	=	s. Crieck all triat apply.			
	Unliqui	~				
City State ZIP Code	Dispute	ed				
Who owes the debt? Check one.	Nature of	lien. Check all that apply.				
Debtor 1 only	🔲 An agn	eement you made (such as	mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	carloa	n) ory lien (such as tax lien, me	achania'a linni			
At least one of the debtors and another		ent lien from a lawsuit	scriatiic's item			
☐ Check if this claim relates to a		including a right to offset) _		-		
community debt						
Date debt was incurred	Last 4 dig	its of account number_				
<u>2</u> j	Describe t	the property that secure	s the claim:	\$	\$	B
Creditor's Name				-		
Number Street	-					
	As of the	date you file, the claim is	s: Check all that apply.	į		
	Conting					
City State ZIP Code	_ 🔲 Unliquie					
-	Dispute					
Who owes the debt? Check one. Debtor 1 only		lien. Check all that apply.				
Debtor 2 only	An agre car loar	eement you made (such as	mortgage or secured			
Debtor 1 and Debtor 2 only	process.	ry lien (such as tax lien, me	chanic's lien)			
At least one of the debtors and another	Judgme	ent lien from a lawsuit	•			
Check if this claim relates to a community debt	Other (i	ncluding a right to offset)				
Date debt was incurred	Last 4 dígi	ts of account number_				
	apara agampan pampa na kabanan kabanan kabanan katan kat	n this page. Write that	numbar basas	tina talan kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendari B		erentation of 50 contraction

Entered 12/10/15 13:52:53 Desc Main Case 15-41715 Doc 1 Filed 12/10/15

Page 27 of 65

Debtor 1

Etonia

Carter Rockim

Document

01 03		
Case number (# known)		

List Others to Be Notified for a Debt That You Already Listed Part 2:

	any ucus in rait i,	do not fill out or subm	iit tnis page.	
		e konsetencijo i okonomice et gaza 2002 e	en ja alte de distribuits di silvata en la	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
				· ·
City	elitakonakon perioren erentziakoalik erente erentekonakonak	State	ZIP Code	
Name		····	naddinama kan an Can Ankan yaqaayaa yaqaa kan	On which line in Part 1 did you enter the creditor? Last 4 digits of account number
Number	Street		·	
····		***************************************		
City		State	ZIP Code	
Jama				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
lumber	Street			
Dity		State	ZIP Code	—
544-121-1-1214-0-1214-0-1	MacMillion on the control of the con	nn n danken nama manget anna a a teoret a talah sa a ta	manus an	On which line in Part 1 did you enter the creditor?
lame	**************************************			Last 4 digits of account number
lumber	Street			
×		1964		
lity	n na nina - Rosa dasa saan erios is anno es exercentagen en sossem en	State	ZIP Code	
lame		·	WMMPHARE	On which line in Part 1 did you enter the creditor? Last 4 digits of account number
lumber	Street		· · · · · · · · · · · · · · · · · · ·	
			With the transfer of the trans	*
ity	er tredse sterned for each sterned as each sterned as each specification.	State	ZIP Code	
ame	***************************************			On which line in Part 1 did you enter the creditor? Last 4 digits of account number
umber	Street		***************************************	· · ·
·····				· ·

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Fill in this information to identify your case: Etonia Rockim Carter Debtor 1 Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Nume United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply ☐ Contingent Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated is the claim subject to offset? Other, Specify

No Yes

Doc₁ Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 29 of Sumber (F Known)

Part 1: **Your PRIORITY Unsecured Claims — Continuation Page**

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
Oily State ZIF Goos	Disputed			
Who incurred the debt? Check one.	— Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
 At least one of the debtors and another Check if this claim is for a community debt 	Claims for death or personal injury while you were intoxicated			
was check it this claim is for a community debt	Other. Specify			
is the claim subject to offset?				
□ No □ Yes				
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name		`		*
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who Incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were intoxicated			
☐ Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
No				
Types	PROCESSANDE BOUNTS A SECONO DE PORTO DE SANDAS AND	- n' no mari la Gerberen d'Arabanacan		odká vazdodke megne vyroma
		•	•	W. Warrist of the Street of the
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify	The root of the second production and the second production of the seco	topies in the engineering or with his printing.	and a company prompting of the
s the claim subject to offset?				
s trie claim subject to onset?				

Cacria 15-4176 Find Doc Larteriled 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 30 of 65 Page 3

а-	ю.	No.	

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority uns No. You have nothing to report in this Yes					
	nonpriority unsecured claim, list the cred	itor separ itor holds	ately for each	ical order of the creditor who holds each claim. If a creditor ha claim. For each claim listed, identify what type of claim it is. Do no im, list the other creditors in Part 3.If you have more than three no	t list risin	ne already
	en de la composition de la composition Na composition de la	+ 12 + 12 + 1	kayaya (1 e 1 e kalaya e k elay		Total	claim
.1	Advance Psychiatry and Couns	eling		Last 4 digits of account number T 0 0 0	** 242 PARTUE (**)	
	Nonpriority Creditor's Name Department 5973		444.67	When was the debt incurred? 08/04/2014	\$	104.08
	Number Street Carol Stream	IL.	60122			
		State	ZIP Code	As of the date you file, the claim is: Check all that apply.		;
	Who incurred the debt? Check one.			Contingent Unliquidated		:
	Debtor 1 only			Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		•
	At least one of the debtors and another			Student loans		1
	Check if this claim is for a communi	ity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	S	
	Yes			Other. Specify Medical		
2	AT & T	on the state of th	n kan kan ang kanalang at kanalang kan ang kanalang kanalang kan ang kanalang kan ang kanalang kan ang kanalan Kanalang kanalang ka	Last 4 digits of account number 0 7 3 2	\$	949.99
	Nonpriority Creditor's Name			When was the debt incurred?		
	PO Box 6416					:
	Number Street Carol Stream	IL	60197	As of the date you file, the claim is: Check all that apply.		İ
		State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			Disputed		Į.
	Debtor 2 only			'		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		İ
	At least one of the debtors and another			☐ Student loans		
	Check if this claim is for a communi	ty debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		i.
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		i .
	☐ No			Other, Specify Mobil		
	Q Yes	tillett for hind britanism to be a	Distriction (Newson Section 1)			į
	Capital One Bank Nonpriority Creditor's Name			Last 4 digits of account number 3 4 2 6		3,498.53
	PO Box 30285			When was the debt incurred?	\$	0,700.00
	Number Street			·		
		UT tate	84130 ZIP Code	As of the date you file, the claim is: Check all that apply.		1
		1600	Zii Code	☐ Contingent		\$ 1
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			•		į
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
				Student loans		i
	Check if this claim is for a communit	y debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		:
	☐ No ☐ Yes			Other. Specify Credit Card		
	₩ Yes					

Case 15-477 Doc Carteriled 12/10/15 Entered 12/10/15 13:52:53 Desc Main First Name Middle Name Last Name Document Page 31 of 55

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

Chase Cardmember Serv	rice		Last 4 digits of account number 2 0 7 3	\$	796.
Nonpriority Creditor's Name PO Box 15298			When was the debt incurred?		
Number Street Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
			☐ Unliquidated		
Who incurred the debt? Check of	ne.		☐ Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a c	ommunity debt	:	you did not report as priority claims		
Is the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts		
No			5d Other, Specify Credit Card		
U No □ Yes					
out 185					
	ell och och lige of Birks to be of States and States and Community and Community an	et permit in her hiteral die produktionen familie et til de de det met fres of a destinatifikation men de me	Last 4 digits of account number 0 4 4 6	of elaborating the chance	9 E4
Collection Professionals			Last 4 digits of account number 0 4 4 0	\$	251
Nonpriority Creditor's Name			When was the debt incurred?		
723 First Street			THICK THE SILE GLDC HIGHEIGHT		
La Salle	IL	61301	As of the date you file, the claim is: Check all that apply.		
La Carc Dity	≀ ∟ State	ZIP Code	☐ Contingent		
		zir Gade	Unliquidated		
Who incurred the debt? Check o	ne.		Disputed		
Debtor 1 only			C Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and a	nother				
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for a co	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			☑ Other, Specify Medical		
□ No			1		
Yes					
eriet Kanatantantantantanta () eri eri tinatat eteksisäänen konstonen kansette eteksiä eteksiä en en en astet Teksistääntän tanatantantantantantantantantantantantan	titud data erita ett vatikatuur mäydekti viigadiingad tavag	t vite i no tanzata e este en Basina (este avelle fil districte		e=====================================	387
Collection Professionals			Last 4 digits of account number 1 9 8 4	₹	
lonpriority Creditor's Name			When was the debt incurred?		
'23 First Street			When was the debt incurred?		
lumber Street	1+	04004	As of the date you file, the claim is: Check all that apply.		
_aSalle	IL.	61301			
City	State	ZIP Code	Contingent		
Vho incurred the debt? Check or	ne.		Unliquidated		
Debtor 1 only	-		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			**		
At least one of the debtors and a	nother		Student loans		
Check if this claim is for a co			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
			Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			☑ Other. Specify Dental		
〕 No					

Casha 15-4 70 Im Doc darte Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 32 of 65 Page 32

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

EOS CCA			Last 4 digits of account number 4 8 5 2	s 25
Nonpriority Creditor's Name 700 Longwater Drive			When was the debt incurred?	<u> </u>
Number Street Norwell	MA	00004	As of the date you file, the claim is: Check all that apply.	
City	IVIA State	02061 ZIP Code	☐ Contingent	
·		217 4545	Unliquidated	
Who incurred the debt? Ch	eck one.		☐ Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors			Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is fo	r a community debi	i	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offs	et?		Other Specify Alarm	
☑ No ☑ Yes				
Malcolm S. Gerald an	d Associates	metambara sheribur kilan arezizian, arezizoniake (di huumi, erkis anajah)ulasuna u	Last 4 digits of account number 8 7 1 4	\$ 1,062
Nonpriority Creditor's Name		······································		
332 South Michigan A	ve Suite 600		When was the debt incurred?	
Number Street Chicago	IL.	60604	As of the date you file, the claim is: Check all that apply.	
City	H State	ZIP Code	Contingent	
•			Unliquidated	
Who incurred the debt? Ch	eck one.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors			☐ Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for	a community debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offse	et?		Other Specify Medical	
⊇ No				
Yes	Participation to the control of the	e de la composição de la composição de la composição de la composição de la composição de la composição de la c		wasterfood not a few with the first of
Malcolm S. Gerald and	d Associates	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number 9 1 6 4	\$ 930
lonpriority Creditor's Name 332 South Michigan A	venue Suite 600)	When was the debt incurred?	
lumber Street Chicago	L	60604	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Man Immerana d Alexandria			☐ Unliquidated	
Who incurred the debt? Che	ck one.		☐ Disputed	
4 Debtor 1 only Debtor 2 only			Top - CHONDRIODITY	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors a	and another		Student loans	
Check if this claim is for			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
s the claim subject to offse	t?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
I No			w oner, openly incoron	

Cashia 15-4 to

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Malcolm S. Gerald and	Associates	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number 8 0 1 4	\$	159
332 South Michigan Av	enue Suite 60	0	When was the debt incurred?		
Number Street Chicago	IL	60604	As of the date you file, the claim is: Check all that apply.		
Zity	State	ZIP Code	Contingent		
Mha iaguread the debta Atom	3		☐ Unliquidated		
Who incurred the debt? Chec	K one.		☐ Disputed		
Debtor 1 only Debtor 2 only			Town of Mostmonorum ()		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors ar	ed another		Student loans		
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for a	-		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset	?		Other, Specify Medical		
☑ No ☑ Yes					
t to perfect that the course of the first of the course of the counter and the counter and the course of the course of the counter of the cou	والمراقبة والمستعددة المستعدد والمستعدد والم	r ziek terrebukansenskump deutsche (del) ziekorm (myseum 6 est mest) is stellerstelle f		o' managilandi kanjbar yalipida dar	
Vinooka CCSD 201		T-777-874-7	Last 4 digits of account number C A R T	\$	15
Ionpriority Creditor's Name			When was the debt incurred?		
805 Church Street					
/linooka] L_	60447	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Man to a comment the contract of the contract			Unliquidated		
Who incurred the debt? Chec	k one.		☐ Disputed		
Debtor 1 only					
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors an	d another		Student loans		
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?	•		Other. Specify Registration		
3 No					
] Yes					
finoka CCSD 201	n ninger en en de gelegen de gelegen en gelegen de gele	t tigg over vers and tigger to the second section of the second section of the second section of the second se	Last 4 digits of account number C A R T	\$	15
onpriority Creditor's Name					
05 Church Street			When was the debt incurred?		
umber Street finooka	IL.	60447	As of the date you file, the claim is: Check all that apply.		
ty	State	ZIP Code	Contingent		
Non-formania de la composición			☐ Unliquidated		
ho incurred the debt? Check	one.		Disputed		
Debtor 1 only					
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	i another		Student loans		
Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts		
No			other Specify Registration		

Case 15-42745 Doc Garter Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main First Name Neddle Name Last Name Document Page 34 of 55

Your NONPRIORITY Unsecured Claims - Continuation Page

Muhammad A Shahzad	MD PC		Last 4 digits of account number 0 9 2 1	s <u> </u>
1730 Park Street Suite	101		When was the debt incurred?	
Number Street Naperville	IL	60563	As of the date you file, the claim is; Check all that apply.	
Who incurred the debt? Check	State cone.	ZłP Code	Contingent Unliquidated Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a ls the claim subject to offset? ☐ No ☐ Yes	-		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Medical	
National Tire and Batter	y CBNA	Trephotorias as assistantinativa; tempira unicumum empamo unicum sunicipi.	Last 4 digits of account number 6 1 4 3	\$ <u>94</u>
PO Box 6497			When was the debt incurred?	
Number Street Sioux Falls	SD	57117	As of the date you file, the claim is: Check all that apply.	
Dity	State	ZIP Code	Contingent	
Who incurred the debt? Check Debtor 1 only Debtor 2 only	one.		☐ Unliquidated☐ Disputed☐ Disputed☐ Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a the claim subject to offset?			 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card 	
No ☐ Yes			Giller. Specify Groom Cana	
Navient	ting til melleg tid stol er til til til til til stol som et meglind delighete et selfen er et flere er et fler	i des il combine memoris un montre con un establica della Citationi dell'internazione	Last 4 digits of account number 1 2 5 1	\$ 43,204
Ionpriority Creditor's Name PO Box 9500			When was the debt incurred? 06/08/1997	
lumber Street Wilkes Barre	PA	18773	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check	one.		Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
✓ At least one of the debtors and✓ Check if this claim is for a c			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
the claim subject to offset?	отпини ист		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	

Cessa 15-417615 Doc 1_{Carfelled} 12/10/15 Entered 12/10/15 13:52:53 Desc Main First Name Middle Name Last Name Document Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 of 55 Page 35 Page 35 of 55 Page 35 Page

Your NONPRIORITY Unsecured Claims — Continuation Page

Ocwen Loan Servicing Ionpriority Creditor's Name	PROFESSION		Last 4 digits of account number 5 9 0 3	s 127
1661 Worthington Rd Su	ite 100		When was the debt incurred? 05/01/2006	
lumber Street West Palm Beach	FL	33409	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only	State one.	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
s the claim subject to offset? No Yes	соттинку дерг		Debts to pension or profit-sharing plans, and other similar debts other. Specify Mortgage,;Foreclosed;Resold	
Premier Internists onpriority Creditor's Name		entrepris des deregos des garins de la despuediga di junticularis de un entre il consenta	Last 4 digits of account number T 0 0 0	s <u></u>
onpriority Creditor's Name 20 North River Road Su	ite 102		When was the debt incurred?	
umber Street laperville		00500	As of the date you file, the claim is: Check all that apply.	
ty	IL State	60563 ZIP Code	Contingent	
/ho incurred the debt? Check	one		Unliquidated	
Debtor 1 only Debtor 2 only	Si ke		Disputed	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	
At least one of the debtors and			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a c the claim subject to offset? No Yes	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
resence Saint Joseph M	ledical Cente	etti ettistä viitissa tai kansattiining yhminet viinimmysyy en en	Last 4 digits of account number 7 7 3 8	\$ 1,50
inpriority Creditor's Name 343 Lewis Ave Suite 20:			When was the debt incurred?	
imber Street illings	MT	59102	As of the date you file, the claim is: Check all that apply.	
y	State	ZIP Code	Contingent Unliquidated	
ho incurred the debt? Check o	ne.		Disputed	
Debtor 1 only			·	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and a	another		Student loans	
Check if this claim is for a c			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check is this claim is tot a C	ommanty dept		Debts to pension or profit-sharing plans, and other similar debts	

Case 15-47715 Doc Larteriled 12/10/15 Entered 12/10/15 13:52:53 Desc Main First Name Middle Name Last Name Document Page 36 of Sumber (# known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Presence Saint Jose	ph Medical Cente	er	Last 4 digits of account number 6 7 1 2	\$
Nonpriority Creditor's Name 1643 Lewis Ave Suit	e 600		When was the debt incurred?	
Number Street Billings	MT	59102	As of the date you file, the claim is: Check all that apply.	
Oity Who incurred the debt? O	State	ZIP Code	Contingent Unliquidated	
Debtor 1 only	Aleck one.		☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 on	h.,		Type of NONPRIORITY unsecured claim:	
At least one of the debtor			Student loansObligations arising out of a separation agreement or divorce that	
Check if this claim is f			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to off INo IYes	set?		Other: Specify Medical	
Jnited Recovery Ser	vice	anner er entermolet er sjole i Et entered felstede et enteredendelsentered	Last 4 digits of account number 9 3 9 7	\$ <u>1,2</u>
Ionpriority Creditor's Name 18525 Torrence Ave		***************************************	When was the debt incurred?	
lumber Street _ansing	iL	60438	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Vho incurred the debt? C	heck one.		Unliquidated	
Debtor 1 only	, identification		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 on	ly		Student loans	
At least one of the debtor	s and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is f	or a community debt		you did not report as priority claims	
s the claim subject to off			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 	
☐ No ☐ Yes				
Bet Bereite and the street of	रनिर्देश कर प्रणाननिरम्भ की जिल्ला द्रावनकार प्रदार कालकर बाद्यकार अनुसारक उप की की कर का	enggink ski i sahir silipaka sanang shinaginariyang vinganyar,	Last 4 digits of account number	\$
onpriority Creditor's Name			When was the debt incurred?	
umber Street			As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
/ho incurred the debt? Ci	neck one		Unliquidated	
Debtor 1 only	NOR ONO.		Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 onl			Student loans	
At least one of the debtors	and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is fo	or a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offs	et?		Other. Specify	

Debtor 1

Case 15-41 R15kim Doc 1 Carried 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 37 of 65

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Advance Psychiatry			On which entry in Part 1 or Part 2 did you list the original creditor?
1 Tiffany Pointe Suite	110		Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
Bloomingdale	IL	60108	Last 4 digits of account number T 0 0 0
City	State	ZIP Code	
Shorewood Family Der	ntal		On which entry in Part 1 or Part 2 did you list the original creditor?
607 W Jefferson Street	t		Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		***************************************	☑ Part 2: Creditors with Nonpriority Unsecured
			Claims
Shorewood City	IL State	60404 ZIP Code	Last 4 digits of account number 3 6 0 0
ADT Security Services	.	***************************************	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 371878			Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Dittohurah	PA	45050	
		15250	Last 4 digits of account number 4 1 3 1
Pittsburgh City Adventist Bolingbrook I	State	ZIP Code	
City Adventist Bolingbrook I Name	State Hospital		On which entry in Part 1 or Part 2 did you list the original creditor?
ony Adventist Bolingbrook I Name 75 Remittance Drive St	State Hospital		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
ony Adventist Bolingbrook I Name 75 Remittance Drive St	State Hospital		On which entry in Part 1 or Part 2 did you list the original creditor?
City Adventist Bolingbrook I Name 75 Remittance Drive Si Number Street Chicago	State Hospital		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Dity Adventist Glen Oaks Ho	State Hospital uite 6097	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Dity Adventist Glen Oaks Ho	State Hospital uite 6097 IL State ospital	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor?
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Sity Adventist Glen Oaks Holiame 75 Remittance Drive St	State Hospital uite 6097 IL State ospital	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Oity Adventist Glen Oaks Hotame 75 Remittance Drive St	State Hospital uite 6097 IL State ospital	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor?
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago City Adventist Glen Oaks Hollame 75 Remittance Drive St Number Street Chicago	State Hospital uite 6097 IL State ospital uite 3125	ZIP Code 60675 ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Sity Adventist Glen Oaks Holame 75 Remittance Drive St number Street Chicago Sity Chicago	State Hospital uite 6097 IL State ospital uite 3125 IL State	ZIP Code 60675 ZIP Code 60675 ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Fart 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Sity Adventist Glen Oaks Hoven Number Street Chicago Sity Chicago Sity Chicago Sity Chicago Sity Chicago Sity Superior Air Ground Am	State Hospital uite 6097 IL State ospital uite 3125 IL State	ZIP Code 60675 ZIP Code 60675 ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Sity Adventist Glen Oaks Hovame 75 Remittance Drive St number Street Chicago Sity Superior Air Ground Amane	State Hospital uite 6097 IL State ospital uite 3125 IL State	ZIP Code 60675 ZIP Code 60675 ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Fart 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago City Adventist Glen Oaks Ho Name 75 Remittance Drive St	State Hospital uite 6097 IL State ospital uite 3125 IL State	ZIP Code 60675 ZIP Code 60675 ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago Dity Adventist Glen Oaks Ho Name 75 Remittance Drive St Number Street Chicago Dity Superior Air Ground Am Name PO Box 1407 Number Street	State Hospital uite 6097 IL State ospital uite 3125 IL State	ZIP Code 60675 ZIP Code 60675 ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Fart 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago City Adventist Glen Oaks Ho Name 75 Remittance Drive St Number Street Chicago City Superior Air Ground Am Name PO Box 1407	State Hospital uite 6097 IL State ospital uite 3125 IL State nbulatory Se	SIP Code 60675 ZIP Code 60675 ZIP Code ervice	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago City Adventist Glen Oaks Holame 75 Remittance Drive St Number Street Chicago City Superior Air Ground Amane PO Box 1407 Number Street Elmhurst Elmhurst	State Hospital uite 6097 IL State ospital uite 3125 IL State nbulatory Se	60675 ZIP Code 60675 ZIP Code ervice	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Adventist Bolingbrook I Name 75 Remittance Drive St Number Street Chicago City Adventist Glen Oaks Ho Name 75 Remittance Drive St Number Street Chicago City Superior Air Ground Am Name PO Box 1407 Number Street	State Hospital uite 6097 IL State ospital uite 3125 IL State nbulatory Se	60675 ZIP Code 60675 ZIP Code ervice	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 1 6 4 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 8 9 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 9 3 2 4

Catemal 5-41264m Doc darteriled 12/10/15 Entered 12/10/15 13:52:53

First Name Middle Name Last Name Document Page 38 of 65

Desc Main

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total clai	m
Total claims	6a	Domestic support obligations	6a.	\$	0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
					e tia ita tia batbalah apalah da
agitaria, tana tana atau dan ara-				Total clair	
Total claims	6f.	Student loans	6f.	Total clair	43,204.00
Total claims from Part 2		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		
from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority			43,204.00
from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	6g.	\$S	43,204.00

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 39 of 65

Fill in this ir	iformation to i	dentify your case:		
Debtor	Etonia	Rockim	Carter	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse If filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court	for the: Northern District of	Illinois	
Case number (If known)	***************************************			☐ Check if this amended fili

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	or company w	ith whom you	have the contra	act or lease State what the contract or lease is for
2.1	Perul P	'etel			Rental Lease
	Name				**************************************
	Number	Street			TTERRATE TO THE TOTAL PROPERTY OF THE TOTAL
, augustus	City	material control of the control of t	State	ZIP Code	177900000000000000000000000000000000000
2.2					
	Name				
	Number	Street			
*************	City	engergan programmen og engelsen	State	ZIP Code	
2.3	Name				
:					
	Number	Street			
	City	n, reservant no escreta como como	State	ZIP Code	
2.4	Name	***************************************			
	Number	Street			
	City		State	ZIP Code	
2.5	en en en en en en en en en en en en en e	liste en mengre e dring van en sjiherdredde me in ynge men	nti anun nututan nututa kan kan kan kan kan kan kan kan kan ka	CONTRACTOR OF THE STREET OF THE STREET	
*	Name			American Ame	relative to the contract of th
	Number	Street			Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Manda Ma
1511/15	City	s een gareeday ja je de ee	State	ZIP Code	

Fill in t	Case 15-417		Filed 12/10/15 Document	Entered 12/10/15 13:52:53 Page 40 of 65	Desc Main
Debtor 1	Etonia Fäst Name	Carter Middle Name	Carter Last Name		
Debtor 2 (Spouse, it	f filing) First Name	Middle Name	Last Name	***************************************	
United St	tates Bankruptcy Court fo	or the: Northern Distric	ct of Illinois		
Case nur					
(If known)					Check if this is an amended filing
Officia	al Form 106h	┨ .			
Sche	dule H: Yo	 our Codeb	tors		12/15
1. Do yo □ N ☑ Y	lo	ors? (If you are filing	a joint case, do not list e	ither spouse as a codebtor.)	The second secon
		ave you lived in a c	ommunity property stat	te or territory? (Community property states ar	nd territories include
Arizo	na, California, Idaho,	Louisiana, Nevada,	New Mexico, Puerto Rico	o, Texas, Washington, and Wisconsin.)	(
	lo. Go to line 3. 'es. Did vour snouse if	former spouse, or lea	gal equivalent live with yo	ou at the time?	
	No	roman apadad, on les	gar equivalent nee with ye	or of file fille:	•
. [Yes. In which comm	nunity state or territo	ry did you live?	. Fill in the name and current add	lress of that person.
t :					÷ /
!	Name of your spouse, fo	rmer spouse, or legal equiv	alent		:
:	Number Street				*
	City	Sta	e	ZIP Code	***

3 In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Randy Carter			Schedule D, line
ame 1005 Barberry Way			Schedule E/F, line 4.2
umber Street loliet	ŧL.	60431	G Schedule G, line
ty	State	ZIP Code	en de Notas de la proposición de la companya de la companya de la proposición de la proposición de la proposición de l
Randy Carter	_		Cahadula D. lina
ame			Schedule D, line
005 Barberry Way		and the state of t	Schedule E/F, line 4.6
oliet	IL.	60431	Schedule G, line
Vanishing and a single of the second of the particular constraints.	State	ZIP Code	anner. 1900 - Mark Mark Mark Santon (n. 1800) (n. 1801)
andy Carter			Schedule D, line
me			a scriedate D' sula

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Debtor 1

Etonia First Name

Rockim Middle Name

CarterDocument

Page 41 of 65 Case number (# kind

Column 1: Your codebtor			Column 2: The creditor to whom you owe the de
			Check all schedules that apply:
Randy Carter			Schedule D, line
Name			Schedule E/F, line4.11
1005 Barberry Way Number Street		· · · · · · · · · · · · · · · · · · ·	Schedule G, line
Joliet	IL	60431	— oslidado o, mio
City	State	ZIP Code	
Randy Carter			Schedule D, line
Name			Schedule E/F, line 4.12
1005 Barberry Way Number Street	***************************************		Schedule G, line
Joliet	IL	60424	G Schedule G, lifle
City		60431 ZIP Code	
Randy Carter			
Vanne	······································		
1005 Barberrry Way			Schedule E/F, line 4.16
Number Street		00404	Schedule G, line
Joliet Dity	IL. State	60431 ZIP Code	
to the control of the	*** * *********************************	The second consider the second control of the second	وسراسي والمتابية فراضوا والموادية مستوية وسالمت المتابية والمتابع والمتابع والمتابع والمتابع
lame	······································		Schedule D, line
10070			☐ Schedule E/F, line
lumber Street	***************************************		Schedule G, line
City	State	ZIP Code	_
Vame		**************************************	Schedule D, line
lumber Ctron			Schedule G, line
lumber Street			Generale 6, me
	State	ZIP Code	enter.
ame			Schedule D, line
on ero			Schedule E/F, line
lumber Street		**************************************	Schedule G, line
ity	Stale	ZIP Code	
			Schedule D, line
ame			Schedule E/F, line
lumber Street			Schedule G, line
ity.	State	ZIP Code	
ame			Schedule D, line
			☐ Schedule E/F, line
umber Street			Schedule G, line

State

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 42 of 65

			Docu	mem Pa	ige 42 01	05			
F	ill in this ii	nformation to identify	y your case:						
	ebtor 1	Etonia	Rockim	Carter					
_		First Name	Middle Name	Last Name					
	ebtor 2 pouse, if filing	First Name	Middle Name	Last Name					
Ur	nited States	Bankruptcy Court for the:	Northern District of Illinois		Sarata America				
	ase number					Check if t	his is:		
L."	- COOMING			······································			ended filing		
~	· · · · · · · · · · · · · · · · · · ·	4001					plement showing e as of the followi		on chapter 13
		orm 106I	_ _			MM / E	DD / YYYY		
5	ched	lule I: You	ur Income						12/15
sup If you sep	oplying col ou are sep arate shee	rect information. If y arated and your spo	ossible. If two married per you are married and not fi use is not filing with you, e top of any additional pa nent	ling jointly, and y do not include ir	our spouse	is living with y bout your spo	ou, include inforn	nation abo	ut your spouse.
	Fill in you informatio	r employment n.		Debtor 1			Debtor 2 or ne	on-filing s _i	ouse
: 1	attach a se	more than one job, parate page with about additional	Employment status	Employed Mot emplo	y ed	a talah kan kan kan kan kan kan kan kan kan kan	Employed Not employ	yed	ometas tin Parlamente temas di massa di Arca (Cara).
		t-time, seasonal, or		p. 5	-		•	•	
		yed work. I may include student liker, if it applies.	Occupation	Homer	naker		Truck Driver	··········	
			Employer's name				Averitt Expres	SS	
			Employer's address	Number Street		WWW.	7526 S State Number Street	Rd	

				City	State ZIF	² Code	Burbank	IL State	60459 ZIP Code
			How long employed the	•	State 2,1	Code	•	State	ZIP Code
			now long employed the		-		9		:
Pa	rt 2:	Give Details About	Monthly Income						
E s	Estimate n pouse unic	nonthly income as of ess you are separated	the date you file this form	n. If you have noth	ing to report	for any line, wr	te \$0 in the space.	Include you	ır non-filing
li b	f you or you selow. If yo	ur non-filing spouse ha u need more space, al	ave more than one employe ttach a separate sheet to th	er, combine the info is form.	ormation for a	all employers fo	r that person on the	e lines	:
	F 1.4. **				Fo	or Debtor 1	For Debtor 2 or non-filing spou		
2.	deductions	nly gross wages, salas). If not paid monthly,	ary, and commissions (be calculate what the monthly	fore all payroll wage would be.	2. \$	0.00	s 5,577.7	<u>'7</u>	
3. i	Estimate a	and list monthly over	time pay.		3. +\$	0.00	+ \$ 0.0	0	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4.	Calculate	gross income. Add lir	ne 2 + line 3.		4. \$	0.00	\$ 5,577.0	10	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Document

Page 43 of 65

Debtor 1

Etonia Rockim First Name Middle Name

Carter Last Name

Case number (# known)_

		Fo	r Debtor 1		Debtor 2 or filing spouse	
Copy line 4 here	→ 4.	\$_	0.00	\$	5,577.00	
5. List all payroll deductions:				•		
5a. Tax, Medicare, and Social Security deductions	5a.	\$_	0.00	\$_	937.49	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$_	0.00	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$_	169.14	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$_	0.00	
5e. Insurance	5e.	\$_	0.00	\$	344.88	
5f. Domestic support obligations	5f.	\$	0.00	\$_	0.00	
5g. Union dues	5g.	\$	0.00	\$_	0.00	
5h. Other deductions. Specify:	5h.	+\$_	0.00	+ \$_	0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$	0.00	\$	1,451.51	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	4,126.26	
8. List all other income regularly received:						:
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	:
8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ent	*		, <u> </u>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	:
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
8e. Social Security	8€.	\$	0.00	\$	0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce		0.00			
Specify:	8f.	\$	0.00	\$	0.00	:
8g. Pension or retirement income	8g.	\$	0.00	\$	0.00	1
8h. Other monthly income. Specify:	8h.	+\$	0.00	+\$	0.00	:
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	0.00	· · · · · · · · · · · · · · · · · · ·
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	0.00	+ \$_	0.00	\$ 4,126.26
11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, y friends or relatives.			nts, your roor	nmates, a	nd other	
Do not include any amounts already included in lines 2-10 or amounts that are		ailable	to pay expen	ses listed	in <i>Schedule J.</i>	A construction of the cons
Specify:				**horror	11.	+ s <u>0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S	result Statistic	is the c cal Info	combined mor mation, if it a	nthly incor pplies	ne. 12.	\$ 4,126.26 Combined
13. Do you expect an increase or decrease within the year after you file this to	form?					monthly income
Yes. Explain:	~~~					
те се се на байте се поста се състава на пред се състава на пред на принстава на пред на пред на пред на пред н			to the transfer and the			. a

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 44 of 65

Fill	in this information to ident	ify your case:				
Det	otor 1 Etonia	Rockim Carter		Li. i		
Det	First Name	Middle Name Last Name	Check if the			
	ouse, if filing) First Name	Middle Name Last Name	An am		-	petition chapter 13
Unit	ted States Bankruptcy Court for th	e: Northern District of Illinois			of the following	
	se number		MM / C	D/ YYY	Y	
Off	icial Form 106J	The state of the s				
***************************************		our Expenses				12/15
infor	mation. If more space is ne lown). Answer every question					
1. is t	this a joint case?			***************************************		
	No. Go to line 2. Yes. Does Debtor 2 live in					
<u></u>	No	a separate nousenoid?				
		file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.			
2. Do	you have dependents?	No	the control antique and all the control and antique and private argument and an experience of the control and a		er tangan tagayar ya a dan ayayadaha ito ahadi, ya iya y	er vinner inn em fil dem mekelmild vinnerm memberem i vinner et vin
	not list Debtor 1 and btor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Mega.	Dependent's age	Does dependent live with you?
	not state the dependents'	,	Daughter		18	☐ No ☑ Yes
			Daughter		7	☐ No ☑ Yes
			Son		9	□ No ☑ Yes
			Son		4	☐ No ☑ Yes
				 .	***************************************	☐ No ☐ Yes
exp	your expenses include penses of people other than urself and your dependents	1 1 1/2			t proce Supersupper spring too	
Part 2	Estimate Your Ong	oing Monthly Expenses				
exper		ur bankruptcy filing date unless you a ankruptcy is filed. If this is a suppleme				
		on-cash government assistance if you ed it on <i>Schedule I: Your Income</i> (Offi			Your expe	NAMES OF THE PROPERTY OF
4. Th		expenses for your residence. Include		4.	sanarananananananananananananananananana	1,995.00
	not included in line 4:			→.		
4a				4a.	\$	0.00
4b	Property, homeowner's, or	renter's insurance		4b.	\$	9.91
40	. Home maintenance, repai	r, and upkeep expenses		4c.	\$	50.00
4d	Homeowner's association	or condominium dues		4d	S.	0.00

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 45 of 65

Debtor 1 Etonia

Etonia Rockim
First Name Middle Name

Carter

Case number (# known)_

			Your ex	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
- 6.	Utilities:			
:	6a. Electricity, heat, natural gas	6a.	\$	250.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.		7.	\$	700.00
8.	Childcare and children's education costs	8.	\$	E0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	200.00
10.	Personal care products and services	10.	\$	400.00
11,	Medical and dental expenses	11.	\$	455.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	700.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
.14.	Charitable contributions and religious donations	14.	\$	600.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	109.08
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	214.81
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
-	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
-	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie,		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	5	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 46 of 65

Debtor	1 Etonia First Name	Rockim Middle Name	Carter Last Name	Case nur	mber (# known)		
21. O t	her. Specify:		The Control of the Co	e e e e e e e e e e e e e e e e e e e	21.	+\$	0.00
2. Ca	lculate your mo	nthly expenses.					
228	a. Add lines 4 thro	ough 21.			22a.	\$	5,722.89
22	o. Copy line 22 (n	nonthly expenses fo	or Debtor 2), if any, from Officia	al Form 106J-2	22b.	\$	0.00
220	c. Add line 22a ar	nd 22b. The result is	s your monthly expenses.		22c.	\$	5,722.00
3. Calc	sulate vour mon	thly net income.					
23a.			thly income) from Schedule I.		23a.	\$	4,126.26
23b.	Copy your mor	nthly expenses from	i line 22c above.		23b.	- \$	5,722.89
23c.		nonthly expenses for our <i>monthly net inco</i>	rom your monthly income. ome.		23 c.	\$	-1,596.63
			e in your expenses within th		orm?		
mort	gage payment to		se because of a modification t		e?		
	lo.	entropy for a transmission of a section of	der dem in dem in dem der der det den in septe dem de dem vir der in der in verdelte den versemelt	and the control of the first of the party of the control of the first of the first of the control of the contro	e veneral meneral makenden sterre te veneral terretak ber		on the three systems are a construction of the second
☑ ∨	es. Explain I						

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Document Page 47 of 65

Fill in this in	formation to id	dentify your case:		1 295 11 51 66
Debtor 1	Etonia	Rockim	Carter	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	i.ast Name	
United States Case number (If known)	Bankruptcy Court	for the: Northern District of	Illinois	
(II KIIOWII)	· · · · · · · · · · · · · · · · · · ·			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?	
₩ No		
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and	:
	Signature (Official Form 119).	:
		:
		:
Under penalty of perjury, I declare that I have read that they are true and correct.	the summary and schedules filed with this declaration and	:
The stoy are true and outroot.		
α		1
* Efornia Mackim Carter	, 6	
John Mark Const of the		
Signature of Debtor 1	Signature of Debtor 2	
12/10/2015		
Date MM / DD / YYYY	Date MM / DD / YYYY	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main

Debtor 1	Etonia	Rockim	Carter	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
11.2 18.1				
United States I	Bankruptcy Court	for the: Northern District of	Illinois	***
Case number (If known)				***************************************
(II KIIOWII)				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Details About Your Marit	al Status and Where	You Lived Before	
1. What is your Married Not marri	current marital status?			
☑ No	st 3 years, have you lived any all of the places you lived in the			
Debtor	1	Dates Debtor lived there	1 Debtor 2:	Dates Debtor 2 lived there
			☐ Same as Debtor 1	Same as Debtor 1
Number	Street	From	Number Street	From To
City	State ZIP Co	ode	City State z	IP Code
			Same as Debtor 1	☐ Same as Debtor 1
Number	Street	From	Number Street	From
City	State ZIP Co	de	City State	ZIP Code
Within the la	st 8 years, did you ever live wi ritories include Arizona, Californ	th a spouse or legal eq ia, Idaho, Louisiana, Nev	uivalent in a community property state /ada, New Mexico, Puerto Rico, Texas, W	or territory? (Community property
☑ No ☐ Yes. Make	sure you fill out <i>Schedule H:</i> Y	our Codebtors (Official F	orm 106H).	

Part 2:

Explain the Sources of Your Income

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 49 of 65

Case number (#known)_

Did you have any income from employmer Fill in the total amount of income you received If you are filing a joint case and you have income The property of the property of t	d from all jobs and all busi	inesses, including part-tir	ne activities.	endar years?
☐ No ☐ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$2,575.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31,2104	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$0.00	Wages, commissions, bonuses, tips Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2013	☐ Wages, commissions, bonuses, tips☐ Operating a business	s0.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing	ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
unemployment, and other public benefit paym	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once you listed in line 4.	suits; royalties; and
Include income regardless of whether that incumemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that incumemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do Debtor 4 Sources of income	of other income are alimone; interest; dividends; income that you receive to not include income that Gross income from each source (before deductions and	money collected from laws ad together, list it only once you listed in line 4. Debtor 2 Sources of income	suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and
Include income regardless of whether that incumemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive to not include income that Gross income from each source (before deductions and	money collected from laws ad together, list it only once you listed in line 4. Debtor 2 Sources of income	suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and
Include income regardless of whether that incumemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimome; interest; dividends; a income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of Income Describe below.	Gross income from each source (before deductions and exclusions) \$
Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from e In No In Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of Income Describe below.	Gross income from each source (before deductions and exclusions) \$
Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,)	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimone; interest; dividends; a income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of Income Describe below.	Gross income from each source (before deductions and exclusions) \$

Etonia

First Name

Debtor 1

Rockim

Carter

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 50 of 65 Document

Debtor 1

Etonia Rockim First Name

Carter Last Name

Case number (# known)_

Part 3:	List Certain Payments You Ma	de Before You I	Filed for Bankruptcy							
	ner Debtor 1's or Debtor 2's debts p									
☐ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."									
	During the 90 days before you filed t	or bankruptcy, did y	you pay any creditor a total o	f \$6,225* or more?						
	No. Go to line 7,									
	Yes. List below each creditor to a total amount you paid that c child support and alimony.	reditor. Do not incli	tal of \$6,225* or more in one ude payments for domestic s payments to an attorney for	upport obligations, such a	e s					
	* Subject to adjustment on 4/01/16 a				nt.					
☑ Yes	Debtor 1 or Debtor 2 or both have	primarily consum	er debts.							
	During the 90 days before you filed f			f \$600 or more?						
	☑ No. Go to line 7.									
	Yes. List below each creditor to v creditor. Do not include pay alimony. Also, do not include	ments for domestic	tal of \$600 or more and the to support obligations, such as ttorney for this bankruptcy ca	child support and						
		Dates payme		Amount you still owe	Was this payment for					
	Creditor's Name		\$	<u> </u>						
	Creditor's Name				☐ Car					
	Number Street				Credit card					
					Loan repayment					
					Suppliers or vendors					
	City State	ZIP Code			☐ Other					
	And the following the constant of the the constant shadow	and a second	en transport de la company de la company de la company de la company de la company de la company de la company	and the state of t	was a second of the second of the second					
	Creditor's Name		\$	\$						
	G. G. G. C.				☐ Car					
	Number Street				Credit card					
					Loan repayment					
	4524777878888888888888888888888888888888				Suppliers or vendors					
	City State	ZIP Code			Other					
	The second secon									
			\$	\$	☐ Mortgage					
	Creditor's Name			-	Car					
					Credit card					
	Number Street	· · · · · · · · · · · · · · · · · · ·								
	***************************************				Loan repayment					
					Suppliers or vendors					
	City	71D Code			Other					

City

State

ZIP Code

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 51 of 65

Case number (# known)

No Yes. List all payments to an insider. Insider's Name Number Street City State ZIP Code	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
Insider's Name Number Street		and the second of the second of the second	owe	Reason for this payment	
Number Street		and the second of the second of the second	owe	Reason for this payment	
Number Street		\$	\$		
City State ZIP Code					
City State ZIP Code					
		e Massillanda i en la participa.	the many		
Insider's Name		\$	\$		
Number Street					
City State ZIP Code					
insider? clude payments on debts guaranteed or cosigned by a No Yes, List all payments that benefited an insider.	n insider. Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name	
Insider's Name		\$	\$		
Number Street					
City State ZIP Code	1475.70				
in a medical attendance of the medical street of the medical section of the secti	. The tree tree tree the tree is	s	\$	V*************************************	and the Manager of States
	· · · · · · · · · · · · · · · · · · ·	T	T		
Insider's Name					

Etonia

Debtor 1

Rockim

Carter

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 52 of 65

Debtor 1

Etonia	Rockim

Document Carter

Last Name

Case number (# known)_____

l No	idening poroonal injury o	ases, small claims a	in any lawsuit, court a ctions, divorces, collect	iction, or administrativ tion suits, paternity actio	re proceeding? ons, support or custody modifical
110					
Yes. Fill in the details	s.	the section of the contract of the section of the s	منا مناويم براويم بما يا مناهم مناهما		reaction to the second
		Nature of the case	Court c	or agency	Status of the case
Case title			Court Nam	16	Pending
	:		our run	••	On appeal
			Number	Street	☐ Concluded
Case number			City	Slate ZIP C	nda
ANTANIA MARIANA		Newsylva-12-2-12-12-12-12-12-12-12-12-12-12-12-1	Oly	State AF C	The second section of the second second section is a second secon
Case title	: 		Court Nam	e	Pending
	-		Oder Ngin		On appeal
			Number	Street	☐ Concluded
Case number			City	State ZIP C	
	<u></u>	W1014 ALVIER	ony	State Zis C	3000
No. Go to line 11. Yes. Fill in the inform	ation below.		e property	Dat	ie Value of the properh
	ation below.			Dat	le Value of the property
Yes. Fill in the inform	ation below.	Describe the		Dat	જરિલ્લામાં સ્થાપિક ફળવાનું જિલ્લા જરિલ્લાના છે. -
Yes. Fill in the inform	ation below.	Describe the	e property	Dat	ા પ્રતિકારના કરાતી કરતા છે. જાતાના તો અનુક લાગિક અનેક અનેક
Yes. Fill in the inform	ation below.	Explain wha	e property at happened rty was repossessed. rty was foreclosed.	Dat	ા પ્રતિકારના કરાતી કરતા છે. જાતાના તો અનુક લાગિક અનેક અનેક
Yes. Fill in the inform Creditor's Name Number Street		Explain wha	e property at happened rty was repossessed. rty was foreclosed. rty was garnished.		ા પ્રતિકારના કરાતી કરતા છે. જાતાના તો અનુક લાગિક અનેક અનેક
Yes. Fill in the inform	ation below. State ZIP Code	Explain wha	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzed		\$
Yes. Fill in the inform Creditor's Name Number Street		Explain wha	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzed	d, or levied.	\$\$
Yes. Fill in the inform Creditor's Name Number Street		Explain wha	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzed	d, or levied.	\$\$
Yes. Fill in the inform Creditor's Name Number Street		Explain wha	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzed	d, or levied.	\$\$
Yes. Fill in the inform Creditor's Name Number Street		Explain wha Proper Proper Proper Proper Proper Describe the	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzed	d, or levied.	\$\$
Creditor's Name Number Street City Creditor's Name		Explain wha	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzed e property	d, or levied.	\$\$
Creditor's Name Number Street City Creditor's Name		Explain wha Proper Proper Proper Proper Proper Proper Proper Proper	e property at happened rty was repossessed. rty was foreclosed. rty was garnished. rty was attached, selzer e property.	d, or levied.	\$\$

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 53 of 65

	Name	Middle Name	Carter Last Name	Case number (# known)
14 AO 1-14:				
counts o	lays befor r refuse t	re you filed for o make a payı	r bankruptcy, die ment because ye	d any creditor, including a bank or financial institution, set off any amounts from you ou owed a debt?
No				
Yes. Fill	in the det	ails.	10 (100) 100 20 (100) 100	SUSPECIO (4.1 No POTO CONTROLO DE LE CONTROLO DE CONTROLO DE CONTROLO CONTROLO CONTROLO DE CONTROLO DE CONTROL
			Desc	ribe the action the creditor took Date action Amount was taken
Creditor's N	Name		······································	ren Barthan an Albarta de Barthalta de Confrei Antoné Bartha De Construir Antoné do mais dulta e a la Paris de La composição de Confrei de Confrei de Confrei de Confrei de Confrei de Confrei de Confrei de Confrei de Confre
Number	Street			<u></u> \$
			:	
City		State Z	IP Code Last 4	4 digits of account number: XXXX
ithin 1 ve:	ar before	vou filed for h	pankruptev. was	any of your property in the possession of an assignee for the benefit of
editors, a	court-ap	pointed receiv	ver, a custodian,	or another official?
No				
Yes				
3		A***		
5) List	Certain	GIRS and C	ontributions	
				you give any gifts with a total value of more than \$600 per person?
	in the det	ails for each git	ft.	
Yes. Fill i	th a total v	ails for each gif	nonkeova one operanea	ibė the gifts Dates you gave Value the gifts
Yes. Fill i	th a total v	alue of more tha	nonkeova one operanea	ribe the gifts Dates you gave Value the gifts \$\$
Yes. Fill i	th a total v	alue of more tha	nonkeova one operanea	ibe the gifts Dates you gave Value the gifts \$\$
Yes. Fill i	th a total v son. Vhom You Ga	alue of more tha	nonkeova one operanea	the gifts\$
Yes. Fill i	th a total v	alue of more tha	nonkeova one operanea	the gifts\$
Yes. Fill i	th a total v son. Vhom You Ga	alue of more tha	nonkeova one operanea	the gifts\$
Yes. Fill i	th a total v son. Vhom You Ga	alue of more that	an \$600 Descri	the gifts\$
Person to W	th a total vision. Whom You Go Street	alue of more that	an \$600 Descri	the gifts\$
Person to W	th a total vision. Whom You Go Street	alue of more that state 211 to you ue of more than	an \$600 Descri	the gifts \$ \$ S ibe the gifts Dates you gave Value
Person to W Number S City Person's re Gifts with per person	th a total vision Whom You Go Street	alue of more that state 211 to you ue of more than	an \$600 Descri	the gifts \$ \$ S ibe the gifts Dates you gave Value
Person to W	th a total vision Whom You Go Street	alue of more that state 211 to you ue of more than	an \$600 Descri	the gifts \$ \$ S ibe the gifts Dates you gave Value

Person's relationship to you ____

State ZIP Code

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Page 54 of 65 Document

or 1	Etonia First Name	Rockim Middle Name	Carter Last Name	Case number (# known)_		***************************************	
) N	lo			iid you give any gifts or contributions with a total valu	ue of more than \$	600 to a	ny charity?
2 y	es. Fill in the	details for each g	ift or contributio	n.			
	Gifts or contri that total more	butions to charities than \$600		cribe what you contributed es and offerings to the church where I was a	Date you contributed	Value	
	God's Cong	regation Wors		nber at that time.	07/01/2015	\$	1,000.00
	enter		Top 2015	figure reflects from January 1, 2015 to Mid July 5.	07/01/2014	\$	2,909.00
	S071 Luth	er Ave		om figure reflects from January 1, 2014 to ember 31, 2014.			
Lo Cit	ombard IL	. 60148	The	box will not allow me to put to and from dates.			
CH	ty State	ZIP Code	e og sengare.		1		
0.	List Cer	tain Losses					
	Describe the p now the loss o	roperty you lost and ccurred	Inclu	cribe any insurance coverage for the loss ide the amount that insurance has paid. List pending insurance his on line 33 of Schedule A/B: Property.	Date of your loss	Value lost	of property
						\$	
					the state of the s	er -v ras	So we are a Society
Æ		ain Payments o					
II C	onsulted abo	out seeking bank	ruptcy or prep	you or anyone else acting on your behalf pay or trar aring a bankruptcy petition? , or credit counseling agencies for services required in yo		≀to anyo	ne
No Ye	o es. Fill in the c	details.					
5	erson Who Was I		Desc	cription and value of any property transferred	Date payment or transfer was	Amour	nt of payment
		I OIC		ra ar ar ar ar an an an an an an an an an an an an an	made	14 J. 14 44.	un en estiliano (il 1
Ni	umber Street					\$	
					- San Jan Jan Jaha Jaha Jan	\$	
Ci	ку	State ZIP	Code				
Er	mail or website ac	dress	-				
*****	141		 (

Debtor 1

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 55 of 65

r 1	Etpnia First Name	HOCKIM Middle Name	Carter Last Name		Case number (if known)_		
		Made Ville	ALLOW A SUFFICE	•			
7	Proportion National Section Assessment Security of the Section Section Section Section Section Section Section	Martini Madalamaddissanda 18 - Edeki Allandina seria erib		Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
	Person Who Was F	Paid					
	Number Street						S
							S
	City	State ZIF	Code				
	Email or website ad	idress					
	Person Who Made	the Payment, if Not Yo	u				
	No Ƴes. Fill in the d	etails.	+ 44.4g	glas, ar sanjang anjangangangan na ara ara ara ara ara ara ara	rayan marka ya sana a sana na na na na na		
			D	escription and value of any property t	ransferred	Date payment or A	mount of paym
	Person Who Was F	Paid				made	
	Number Street					\$	
	••••••••••••••••••••••••••••••••••••••					\$	
	City	State ZIP	Code .				**************************************
ansiclu on In	sferred in the order both outright out include gifts and offices. Fill in the desponses's fellopses's fellopses's fellopses	ordinary course of transfers and transfers that and transfers that attails.	of your busi insfers made I you have al D ember	did you sell, trade, or otherwise iness or financial affairs? as security (such as the granting of tready listed on this statement. escription and value of property ansferred.	f a security interest or m	nortgage on your proper or payments received	
	Person Who Receive	ed Transfer	fo	999 Chrysler LHS. Not running r a long time. Needed a lot of			10/01/2014
	Number Street		nc fel	ork. Junker offered very little of othing. Husband gave to a flow church member, Value:	Control to the size of the siz		
	City	State ZIP	Cada	ess than \$100. Date pproximate	1		
***	Person's relations	ship to you strang	jer		The state of the s	erana aran eran eran eran eran eran anar anar	ation of the second second second second second second second second second second second second second second
	Person Who Receive	ed Transfer			The state of the s		Section 1
	Number Street						
	- 1-2-1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	····			To produce of the control of the con		
	City	State ZIP	Code		Application of source of		and the safe of the safe of

Person's relationship to you ____

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 56 of 65

Case number (# known)

No				
Man Pili in alia dan dara :				
Yes. Fill in the details.	the option of the option of the option of the company of the option of t	h Mari Mari Managhang hang hang hang hang hang bang bang bang bang bang bang bang b	Many tay yanggang ayan pada pada saka taka da saka sa	
	Description and value of the prop	perty transferred		Date transfer
				was made
Name of trust				
	Avvisors:			*
List Certain Financial Accoun			Blocks	hada ar 18 1999 1994 1985 1985 a sha ara a ha mara a ann an ang ar a ang agair ag
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	***************************************	
hin 1 year before you filed for bankru	ptcy, were any financial accounts	or instruments held in y	our name, or for your	benefit,
sed, sold, moved, or transferred?				
lude checking, savings, money marke	t, or other financial accounts; cer	tificates of deposit; shar	es in banks, credit un	ions,
kerage houses, pension funds, coope No	nauves, associations, and other f	inancial institutions.		
No Yes. Fill in the details.				
			ing and the company of the company o	
	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved,	Last balance before closing or transfer
Capital One Bank			or transferred	
Name of Financial Institution	- xxxx-3223	—	40/00/0045	^
Online Banking	xxxx	Checking	12/08/2015	\$ <u> </u>
Number Street	-	Savings		
	wet-	Money market		
		☐ Brokerage		
City State ZIP Code	whether the tree to the great the tree that the completions are pre-	☐ Other	The state of the s	W. W. W. W. W. W. W. W. W.
O	$E \supset A \cap$	_		
Capital One Bank Name of Financial Institution	- xxxx- 5749	M Checking	12/08/2105	\$ <u> </u>
Online Banking		☐ Savings		
Number Street	-	☐ Money market		
		☐ Brokerage		
	_	Other		

Etonia

First Name

Debtor 1

Rockim

Middle Name

Carter

Etonia Rockim Carter Northern District of Illiniois

Part 8: List Certain Financial Accounts, Investments, Safe Deposit Boxes, and Storage Units Continued:

Line 20. Additional (Dormant) Account Closures:

Name of Institution:	Capital One Bank	
Address:	Online Banking	
Account # (last four):	5469	
Type of Account:	Interest Plus Online Savings	
Date Closed:	12-08-2015	
Last Balance:	\$ 0.05	

Name of Institution:	Capital One Bank	
Address:	Online Banking	
Account # (last four):	2891	
Type of Account:	Kids Savings	
Date Closed:	12-08-2015	
Last Balance:	\$ 0.97	

Name of Institution:	Capital One 360	
Address:	Online Banking	
Account # (last four):	4235	
Type of Account:	Interest Plus Online Savings	
Date Closed:	12-08-2015	
Last Balance:	\$ 0.12	

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 58 of 65

	Etonia		Carter	Case number (# known)	
	First Name	Middle Name	Last Name		
22. Have y ☑ No		perty in a stora	ge unit or place other tha	an your home within 1 year before you filed for bankruptcy?	
	es. Fill in the d	etails.			
			Who else has or	r had access to it? Describe the contents	Do you still have it?
				:	□ No
i	Name of Storage Fa	acility	Name		Yes
Ī	Number Street		Number Street		
•			City State ZIP Code	le .	
	City	State ZIP	Code		
or ho	ou hold or con old in trust for :	trol any propert someone.	y that someone else own	Someone Else ns? Include any property you borrowed from, are storing for,	**************************************
			Where is the prop	perty? Describe the property	Value
ā	Owner's Name	**************************************			\$
ī	Number Street		Number Street		
			41127444444		
ī	City	State ZIP	City	State ZIP Code	
	Bive Det	tails About En	vironmental Informat	dion	"
	1998				
AKARBASU.	ourpose of Par	t 10, the followi	ng definitions apply:		
For the p Environ hazar includ	ronmental law i rdous or toxic : ding statutes o	means any fede substances, wa or regulations co	ral, state, or local statute stes, or material into the ontrolling the cleanup of t	e or regulation concerning pollution, contamination, releases of e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material.	
For the p Envir hazar includ	ro <i>nmental law</i> in rdous or toxic ding statutes o means any loca	means any fede substances, wa or regulations co ation, facility, or	ral, state, or local statute stes, or material into the ontrolling the cleanup of t	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or	
or the p Envir hazar includ Site n utilize	ronmental law or rdous or toxic ding statutes of means any loca e it or used to or rdous material	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything	ral, state, or local statute stes, or material into the ontrolling the cleanup of t property as defined under utilize it, including dispo	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic	
For the property for th	ronmental law in ridous or toxic ding statutes of means any locale it or used to direct material tance, hazardo	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol	ral, state, or local statute stes, or material into the ontrolling the cleanup of t property as defined under utilize it, including dispo g an environmental law di llutant, contaminant, or si	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic	
For the part of th	ronmental law in ridous or toxic ridous or toxic ding statutes of means any loca e it or used to di ridous material tance, hazardo all notices, relea	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol ases, and proce	ral, state, or local statute stes, or material into the ontrolling the cleanup of to property as defined under utilize it, including dispo- g an environmental law di llutant, contaminant, or si eedings that you know ab-	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic similar term.	w?
For the particular for the parti	ronmental law in ridous or toxic in ding statutes of means any locale it or used to our dous material tance, hazardoull notices, releases	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol- ases, and proce tal unit notified	ral, state, or local statute stes, or material into the ontrolling the cleanup of to property as defined under utilize it, including dispo- g an environmental law di llutant, contaminant, or si eedings that you know ab-	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic similar term. bout, regardless of when they occurred.	w?
For the particular for the parti	ronmental law indous or toxic inding statutes of means any locale it or used to or dous material tance, hazardo ill notices, releasing governmento	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol- ases, and proce tal unit notified	ral, state, or local statute stes, or material into the ontrolling the cleanup of to property as defined under utilize it, including dispo- g an environmental law di llutant, contaminant, or si eedings that you know ab-	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic similar term. bout, regardless of when they occurred. ble or potentially liable under or in violation of an environmental la	w? Date of notice
For the particular for the parti	ronmental law indous or toxic inding statutes of means any locale it or used to or dous material tance, hazardo ill notices, releasing governmento	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol- ases, and proce tal unit notified	ral, state, or local statute stes, or material into the ontrolling the cleanup of the property as defined under utilize it, including disposed an environmental law dillutant, contaminant, or site edings that you know about that you may be liable.	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic similar term. bout, regardless of when they occurred. ble or potentially liable under or in violation of an environmental la	e e englanda e monto e monto.
For the particle of the partic	ronmental law indous or toxic inding statutes of means any locale it or used to or dous material tance, hazardo ill notices, releasing governmento	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol- ases, and proce tal unit notified	ral, state, or local statute stes, or material into the ontrolling the cleanup of the property as defined under utilize it, including disposed an environmental law dillutant, contaminant, or site edings that you know about that you may be liable.	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic similar term. bout, regardless of when they occurred. ble or potentially liable under or in violation of an environmental la	e e englanda e monto e monto.
Envir hazar includes Site nutilized Hazar subst	ronmental law in ridous or toxic ding statutes of the statutes	means any fede substances, wa or regulations co ation, facility, or own, operate, or means anything ous material, pol- ases, and proce tal unit notified	ral, state, or local statute stes, or material into the ontrolling the cleanup of the property as defined under utilize it, including disposed an environmental law dilutant, contaminant, or sitedings that you know above that you may be liable. Governmental unit	e air, land, soil, surface water, groundwater, or other medium, f these substances, wastes, or material. der any environmental law, whether you now own, operate, or posal sites. defines as a hazardous waste, hazardous substance, toxic similar term. bout, regardless of when they occurred. ble or potentially liable under or in violation of an environmental la	e e englanda e monto e monto.

City

State

ZIP Code

Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Case 15-41715 Document Page 59 of 65

otor 1	Etonia	Rockim	Carter	THE STATE OF THE S	Case number (# known)	
	First Name	Middle Name	Last Name			
Hav	e you notified	any governmental	unit of any release of	hazardous material	1?	
V	No		•			
	Yes. Fill in the	details.				
			Governmental u	init	Environmental law, if you know it	Date of notice
			A CONTRACTOR OF CONTRACTOR	1	tradition for the control of the con	Elika nagying dina disaka yindan disahir kan
	N	· · · · · · · · · · · · · · · · · · ·				
	Name of site		Governmental unit			-
	Number Street	***************************************	Number Street		The second of th	mentioners
			City	State ZIP Code		
	014		••••••			
	City	State ZIP (Code	garanna i kan kan a kan a kan a a a a		and december of the or the second of the second of the second of the second of the second of the second of the
Have	e vou been a p	arty in any iudicia	I or administrative pro	ceeding under any	environmental law? Include settlements	and orders
V		,, ,				
	no Yes. Fill in the	dotaila				
_	ies. Fii ii die	uctans.			THE COUNTY SERVICE OF THE SERVICE OF THE	Status of the
			Court or agend		Nature of the case	case
	Case title					
			Court Name		· :	Pending
-			****		:	On appea
			Number Street			☐ Conclude
	<u> </u>				:	
•	Case number		City	State ZIP Code		
DESTRUCTION OF THE PERSON	Production .					
[A sole prop	orietor or self-emp of a limited liabilit		ssion, or other activ	ve any of the following connections to an vity, either full-time or part-time ership (LLP)	, sadition .
		n a partnership				
			ging executive of a cor			
Į	An owner o	of at least 5% of th	e voting or equity secu	irities of a corporat	ion	
A 1	No. None of the	e above applies. G	io to Part 12.			
u	Yes. Check all	that apply above a	and fill in the details be	low for each busin	ess.	
			Describe the n	ature of the business	Employer Identification nu	mber
	Business Name				Do not include Social Secu	urity number or ITIN.
					EIN:	
	Number Street		 :		Elly,	
			Name of accou	intant or bookkeeper	Dates business existed	
						
					From To _	
	City	State ZIP C		ner sig karugada dan dakar dan da		
			Describe the n	ature of the business	Employer Identification nu Do not include Social Secu	a perakiran bir interior ada a
	Business Name		u ke satespata Sala Salas S		Section of include social sect	nky number or HIN.
					EIN:	
	Number Street		Rinns 44	Maria de la Carta de la Car		
			Marue of accor	Intant or bookkeeper	Dates business existed	
					<u>_</u>	
					From To	

Etonia

Rockim

Carter

Case 15-41715 Doc 1 Filed 12/10/15 Entered 12/10/15 13:52:53 Desc Main Document Page 60 of 65

First Name Middle Name Last	Name Case number	if (# known)
por esta como esta esta esta como esta esta esta esta esta esta esta esta	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		From To
City State ZIP Code	the state of the s	
	otcy, did you give a financial statement to anyone a	bout your business? Include all financial
stitutions, creditors, or other parties.		
No Yes, Fill in the details below.		
	Date issued	
Vana		
Name	MM/DD/YYYY	
Number Street		
City State ZIP Code		
12: Sign Below		
12: Sign Below		
answers are true and correct. I understan	et of Financial Affairs and any attachments, and I de did that making a false statement, concealing proper in result in fines up to \$250,000, or imprisonment for	rty, or obtaining money or property by fraud
Signature of Debtor 1	Signature of Debtor 2	
Date 12/10/2015	Date	
old you attach additional pages to Your S	Statement of Financial Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?
☑ No ☑ Yes		
	o is not an attorney to help you fill out bankruptcy t	forms?
No Yes. Name of person	A4	oh the Bentwinton Delition Description Al-H-
res. Name or person		ch the Bankruptcy Petition Preparer's Notice, laration, and Signature (Official Form 119).

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

IN RE: Etonia Rockim Carter	
	CASE NO.:
Debtor(s)	
VERIFICATION OF CR	EDITOR MATRIX
The above named Debtor(s) hereby verifies	that the attached list of creditors is
true and correct to the best of my (our) knowledge.	
Date: 12/10/2015	Attorney for Debtor(s) - OR - Etmakokularte Debtor
	Joint Debtor

Advance Psychiatry & Counseling Department 5973 Carol Stream, IL 60122-5973

Advance Psychiatry 1 Tiffany Pointe Suite 110 Bloomingdale, IL 60108

Adventist Bolingbrook Hospital 75 Remittance Drive Suite 6097 Chicago, IL 60675

Adventist Glen Oaks Hospital 75 Remittance Drive Suite 3125 Chicago, IL 60675

ADT Security Services PO Box 371878 Pittsburgh, PA 15250-7878

AT & T PO BOX 6416 Carol Stream, IL 60197

Capital One Bank PO Box 30285 Salt Lake City, UT 84130

Chase Card PO Box 15298 Wilmington DE 19850 Collection Professionals, Inc c/o Downer's Grove Pediatrics 723 First Street LaSalle, IL 61301-2535

Collection Professionals, Inc c/o Shorewood Family Dental 723 First Street LaSalle, IL 61301-2535

EOS CCA 700 Longwater Drive Norwell, MA 02061

Malcolm S. Gerald and Associates c/o Adventist Glen Oaks Hospital 332 South Michigan Avenue Ste 600 Chicago, IL 60604-4318

Malcolm S. Gerald and Associates c/o Adventist Bolingbrook Hospital 332 South Michigan Avenue Ste 600 Chicago, IL 60604-4318

Malcolm S. Gerald and Associates 332 South Michigan Avenue Ste 600 Chicago, IL 60604-4318

Minooka CCSD 201 305 Church St., Minooka, IL 60447

Minooka CCSD 201 305 Church St., Minooka, IL 60447 Muhammad A Shahzad, MD, PC 1730 Park Street, Ste 101 Naperville, IL 60563-1290

National Tire & Battery/CBNA PO Box 6497 Sioux Falls, SD 57117

Navient PO Box 9500 Wilkes Barre, PA 18773

Ocwen Loan Servicing 1661 Worthington Rd STE100 West Palm Beach, FL 33409

Premier Internists 620 N. River Rd. #102 Naperville, IL 60563

Presence Saint Joseph Medical Center Patient Financial Services 1643 Lewis Ave, Ste 203 Billings, MT 59102-4151

Presence Saint Joseph Medical Center Patient Financial Services 1643 Lewis Ave, Ste 203 Billings, MT 59102-4151

Shorewood Family Dental Care 607 W Jefferson St Shorewood, IL 60404-3700 Superior Air Ground Ambulatory Service PO Box 1407 Elmhurst, IL 60126-8407

United Recovery Service 18525 Torrence Avenue Lansing, IL 60438